

ABSTRACT

BACKGROUND AND OBJECTIVES:

Wound dehiscence/burst abdomen is a very serious postoperative complication associated with high morbidity and mortality. It has significant impact on health care cost, both for the patients and hospitals. The need for this study is to highlight the risk factors for wound dehiscence, the incidence rate in this hospital and remedial measures to prevent or reduce the incidence of wound dehiscence and to predict the outcome of the management of abdominal wound dehiscence . This will certainly reduce mortality and morbidity in the form of reducing prolonged hospital stay, increased economic burden on health care resources and long term complication of incisional hernia.

METHODS

Total 50 cases clinically presenting as gaping of abdominal wound and discharge from the site were taken for study. Each case examined clinically and properly in systematic manner and an elaborative study of history based on chief complaints, significant risk factors, investigations, time and type of surgery performed and postoperative events and day of onset of wound dehiscence.

RESULTS

The incidence of abdominal wound dehiscence has equal sex distribution with a slightly increased preponderance in female patients and in 4th to 5th decade. Patients with peritonitis due to duodenal perforation, intestinal obstruction and malignancy carried higher risk of abdominal wound dehiscence. Patients with surgical wounds classified as dirty wound had higher incidence of abdominal wound dehiscence. Post operative abdominal wound dehiscence is more common in patients operated in emergency and in those operated with midline incision. Patients with anaemia (Hb% < 10g%) and jaundice had higher incidence of wound dehiscence.

CONCLUSION

Abdominal wound dehiscence causes significant morbidity and mortality. Intraperitoneal infection is the most important factor in predicting burst abdomen. Malnutrition, anemia, abdominal distension correctly predict a burst in every case. Simple investigations like Hb%, RBS, RFT, LFT, chest x-ray, may help to detect predisposing factors. Surgeon factors like midline incision, improper suture technique, improper aseptic precaution play a role. Wound dehiscence can be prevented by improving nutritional status of pt, proper surgical technique, and correcting co morbid condition.

Key words: wound dehiscence, peritonitis, malignancy, midline incision.